### Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Document Page 1 of 42

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:                                    | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).        | Lois First name  D Middle name                     | First name  Middle name                       |
|     | Bring your picture identification to your meeting with the trustee.  | Lundquist Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years  | Lois D Boerema                                     |   |
|     | Include your married or maiden names.  |  |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-7437  |   |

Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Document Page 2 of 42 Case number (if known)

Debtor 1 Lois D Lundquist

|    |  | About Debtor 1:   | ,    | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|----|--|---|------|--|--|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs.  |      | ☐ I have not used any business name or EINs.   |  |  |
|    | Include trade names and doing business as names  | Business name(s)  |      | Business name(s)   |  |  |
|    |  | EINs  | EINs |  |  |  |
| 5. | Where you live   |   | I    | If Debtor 2 lives at a different address:  |  |  |
|    |  | 2639 123rd Street, Apt. 2<br>Blue Island, IL 60406  |      |  |  |  |
|    |  | Number, Street, City, State & ZIP Code  | Ī    | Number, Street, City, State & ZIP Code   |  |  |
|    |  | Cook  | L    |  |  |  |
|    |  | County  | (    | County   |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | i    | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.       |  |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | 1    | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| ò. | Why you are choosing this district to file for   | Check one:  |      | Check one:   |  |  |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                |      | <ul> <li>Over the last 180 days before filing this petition, I<br/>have lived in this district longer than in any other<br/>district.</li> </ul> |  |  |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | 1    | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |
|    |  |   |      |  |  |  |

Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Document Page 3 of 42 Case number (if known)

Debtor 1 Lois D Lundquist

| ar         | Tell the Court About  | Your B                   | ankruptcy Ca                                      | ase   |   |   |  |  |  |
|------------|---|--------------------------|---|---|---|---|--|--|--|
| 7.         | The chapter of the Bankruptcy Code you are  |                          |   |   | of each, see <i>Notice Required by</i> fpage 1 and check the appropriat   | 11 U.S.C. § 342(b) for Individuals Filing e   | for Bankruptcy                         |  |  |
|            | choosing to file under  | □ Chapter 7 □ Chapter 11 |   |   |   |   |  |  |  |
|            |   |                          |   |   |   |   |  |  |  |
|            |   | □ CI                     | ☐ Chapter 12                                      |   |   |   |  |  |  |
|            |   | ☐ CI                     | hapter 13   |   |   |   |  |  |  |
| 3.         | How you will pay the fee  | •                        | about how yo                                      | ou may pay. Typ<br>attorney is subr                       | oically, if you are paying the fee yo   | k with the clerk's office in your local cour<br>surself, you may pay with cash, cashier's<br>alf, your attorney may pay with a credit c   | check, or money                        |  |  |
|            |   |                          |   |   | tallments. If you choose this options (Official Form 103A).   | on, sign and attach the Application for Inc   | dividuals to Pay                       |  |  |
|            |   |                          | I request that<br>but is not req<br>applies to yo | at my fee be wa<br>uired to, waive y<br>ur family size ar | <b>nived</b> (You may request this option your fee, and may do so only if you do you are unable to pay the fee in | n only if you are filing for Chapter 7. By la<br>ur income is less than 150% of the offici<br>n installments). If you choose this option,<br>cial Form 103B) and file it with your petiti | al poverty line that you must fill out |  |  |
| <b>)</b> . | Have you filed for bankruptcy within the  | ■ No                     | ).  |   |   |   |  |  |  |
|            | last 8 years?   | ☐ Ye                     |   |   |   |   |  |  |  |
|            |   |                          | District  |   | When  |   |  |  |  |
|            |   |                          | District  |   | When  | Case number   |  |  |  |
|            |   |                          | District  |   | When  | Case number   |  |  |  |
| 10.        | Are any bankruptcy cases pending or being   | ■ No                     | )   |   |   |   |  |  |  |
|            | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Ye                     | es.   |   |   |   |  |  |  |
|            |   |                          | Debtor  |   |   | Relationship to you   |  |  |  |
|            |   |                          | District  |   | When  | Case number, if known   |  |  |  |
|            |   |                          | Debtor  |   |   | Relationship to you   |  |  |  |
|            |   |                          | District  |   | When  | Case number, if known   |  |  |  |
| 11.        | Do you rent your residence?   | □ No                     | Go to I   | ine 12.   |   |   |  |  |  |
|            |   | ■ Ye                     | es. Has yo  | our landlord obta   | ained an eviction judgment agains   | t you and do you want to stay in your res   | sidence?                               |  |  |
|            |   |                          |   | No. Go to line  | 12.   |   |  |  |  |
|            |   |                          |   | Yes. Fill out <i>In</i> bankruptcy per                    |   | Judgment Against You (Form 101A) and  | file it with this                      |  |  |
|            |   |                          |   |   |   |   |  |  |  |

| Debtor 1 | Lois D Lundquist | Document | Page 4 of 42 | Case number (if known) |  |
|----------|------------------|----------|--------------|------------------------|--|
|          |                  |          |              |                        |  |

| Par  | Report About Any Bu   | sinesses  | You Owr                                | n as a Sole Propriet   | or  |  |  |  |
|------|---|---|--|--|---|--|--|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.   | Go to                                  | Part 4.  |   |  |  |  |
|      |   | ☐ Yes.  | Yes. Name and location of business     |  |   |  |  |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |   | Name                                   | Name of business, if any   |   |  |  |  |
|      | If you have more than one sole proprietorship, use a  |   | Number, Street, City, State & ZIP Code |  |   |  |  |  |
|      | separate sheet and attach it to this petition.  |   | Chec                                   | k the appropriate bo   | x to describe your business:  |  |  |  |
|      |   |   |  | Health Care Busin  | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|      |   |   |  | Single Asset Real  | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|      |   |   |  | Stockbroker (as d  | efined in 11 U.S.C. § 101(53A))   |  |  |  |
|      |   |   |  | Commodity Broke  | r (as defined in 11 U.S.C. § 101(6))  |  |  |  |
|      |   |   |  | None of the above  |   |  |  |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, a operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the in 11 U.S.C. 1116(1)(B). |  |  |   |  |  |  |
|      | For a definition of small   | ■ No.   | I am ı                                 | not filing under Chap  | ter 11.   |  |  |  |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.   |  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.   |   |  |  |  |
|      |   | ☐ Yes.  | I am f                                 | iling under Chapter  | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |
| Part | 4: Report if You Own or   | Have Any  | Hazardo                                | ous Property or An   | y Property That Needs Immediate Attention   |  |  |  |
|      | Do you own or have any  | ■ No.   |  | , and the point of | ,   |  |  |  |
|      | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | ☐ Yes.  | What is                                | the hazard?  |   |  |  |  |
|      | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |   |  | diate attention is why is it needed?   |   |  |  |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |   | Where is                               | s the property?  |   |  |  |  |
|      |   |   |  |  | Number, Street, City, State & Zip Code  |  |  |  |

Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Page 5 of 42 Document

Debtor 1 **Lois D Lundquist** 

Case number (if known)

#### 15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 42 Case number (if known) Debtor 1 Lois D Lundquist Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lois D Lundquist Signature of Debtor 2 Lois D Lundquist Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on August 31, 2017

MM / DD / YYYY

Debtor 1 Lois D Lundquist Document Page 7 of 42 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Joseph     | J. Cardinal            | Date          | August 31, 2017  |  |
|----------------|------------------------|---------------|------------------|--|
| Signature of   | Attorney for Debtor    |               | MM / DD / YYYY   |  |
| Joseph J.      | Cardinal               |               |                  |  |
| Printed name   |                        |               |                  |  |
| Law Office     | es of Joseph Cardinal  |               |                  |  |
| Firm name      |                        |               |                  |  |
| 3838 West      | 111th Street           |               |                  |  |
| Suite 104      |                        |               |                  |  |
| Chicago, I     | L 60655                |               |                  |  |
|                | City, State & ZIP Code |               |                  |  |
| Contact phone  | 773.238.8331           | Email address | joescard@aol.com |  |
| 3126014        |                        |               |                  |  |
| Por number 9 C | toto                   |               |                  |  |

|                     |                          | Docum             | ent Page 8 of 42 |                                      |
|---------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                  |                                      |
| Debtor 1            | Lois D Lundquist         |                   |                  |                                      |
|                     | First Name               | Middle Name       | Last Name        |                                      |
| Debtor 2            |                          |                   |                  |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                      |
| Case number         |                          |                   |                  |                                      |
| (if known)          |                          |                   |                  | ☐ Check if this is an amended filing |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets  |              |                               |
|-----|---|--------------|-------------------------------|
|     |   | Your a       | ssets<br>of what you own      |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$           | 3,444.00                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$           | 3,444.00                      |
| Par | t 2: Summarize Your Liabilities   |              |                               |
|     |   |              | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                        | \$           | 0.00                          |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$           | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$           | 15,293.00                     |
|     | Your total liabilities  | \$           | 15,293.00                     |
| Par | t 3: Summarize Your Income and Expenses   |              |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$           | 2,149.00                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$           | 2,365.00                      |
| Par | 4: Answer These Questions for Administrative and Statistical Records  |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you  | ur other sch | nedules.                      |
| 7.  | Yes What kind of debt do you have?  |              |                               |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bayashald purposes." 14.1.1.5.0. \$ 10.1(a). Fill out lines 8.00 for statistical purposes. 28.1.5.0. \$ 150. | a personal,  | , family, or                  |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Entered 10/11/17 10:37:41 Desc Main Doc 1 Filed 10/11/17 Case 17-30429 Document

Page 9 of 42 Case number (if known) Debtor 1 Lois D Lundquist

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

3,263.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total claim |      |
|--|-------------|------|
| 1 Tolli 1 alt 4 on Schedule Lif, copy the following.   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|                         |  |   | Doct   | iment Page 10 of 42   |                                       |   |
|-------------------------|--|---|--|---|---------------------------------------|---|
| Fill in                 | this inforr                                  | mation to identify your   | case and this filing:  |   |                                       |   |
| Debto                   | r 1  | Lois D Lundquist  | t  |   |                                       |   |
|                         |  | First Name  | Middle Name  | Last Name   |                                       |   |
| Debto                   |  | First Name  | Middle Name  | Loot Nome   |                                       |   |
| (Spouse                 | e, if filing)                                | First Name  | Middle Name  | Last Name   |                                       |   |
| United                  | d States Ba                                  | inkruptcy Court for the:  | NORTHERN DISTR   | ICT OF ILLINOIS   |                                       |   |
| Case                    | number                                       |   |  |   |                                       | ☐ Check if this is an                                     |
| Ouco                    | _  |   |  |   |                                       | amended filing  |
|                         |  |   |  |   |                                       | · ·   |
| <b>∪</b> τι:            | .:   | 400 A /D  |  |   |                                       |   |
|                         |  | rm 106A/B   |  |   |                                       |   |
| Scł                     | nedul  | e A/B: Prop   | erty   |   |                                       | 12/15   |
| hink it<br>nforma       | fits best. B<br>ation. If more<br>every ques | e as complete and accura<br>e space is needed, attach<br>stion. | ite as possible. If two n<br>a separate sheet to thi                     | only once. If an asset fits in more than<br>narried people are filing together, both<br>s form. On the top of any additional pa | are equally responsible for           | supplying correct   |
| Part 1:                 | Describe                                     | Each Residence, Building  | g, Land, or Other Real E   | state You Own or Have an Interest In  |                                       |   |
| . Do y                  | ou own or h                                  | nave any legal or equitable                                     | e interest in any reside   | nce, building, land, or similar property  | ?                                     |   |
| _                       |  |   |  |   |                                       |   |
| _                       | lo. Go to Par                                |   |  |   |                                       |   |
| ШΥ                      | es. Where is                                 | s the property?   |  |   |                                       |   |
| Part 2:                 | Describe                                     | Your Vehicles   |  |   |                                       |   |
|                         |  |   |  |   |                                       |   |
|                         |  |   |  | y vehicles, whether they are regis  |                                       | vehicles you own that                                     |
| someo                   | ne eise ariv                                 | ves. If you lease a venic                                       | e, also report it on So  | chedule G: Executory Contracts and  | Unexpired Leases.                     |   |
| 3. Car                  | s, vans, tr                                  | ucks, tractors, sport ut  | ility vehicles, motor  | cycles  |                                       |   |
|                         | lo.  |   |  |   |                                       |   |
|                         |  |   |  |   |                                       |   |
| Y                       | es   |   |  |   |                                       |   |
| 2.4                     | Maka   | Mazda   | Wha has an   | interest in the prepart 2 of  | Do not deduct secured                 | I claims or exemptions. Put                               |
| 3.1                     |  | Mazda3  | <del></del>  | interest in the property? Check one   | the amount of any sec                 | ured claims on Schedule D:<br>Claims Secured by Property. |
|                         | Wiodei.                                      | 2008  | Debtor 1   | • •   | Creditors who have C                  |   |
|                         | Approximat                                   |   | ☐ Debtor 2 ☐ Debtor 1  | only<br>and Debtor 2 only   | Current value of the entire property? | Current value of the portion you own?                     |
|                         | Other inform                                 |   |  | ne of the debtors and another   | ontino proporty.                      | portion you out   |
|                         |  |   |  | The of the deplete and another  |                                       |   |
|                         |  |   |  | this is community property  | \$1,000.00                            | \$1,000.00  |
| Į                       |  |   | (see instru  | ctions)   |                                       |   |
| Exa.  N Y  Add  part 3: | mples: Boa lo 'es d the dolla ges you ha     | ar value of the portion yave attached for Part 2.               | onal watercraft, fishing<br>you own for all of yo<br>Write that number I | ational vehicles, other vehicles, and yessels, snowmobiles, motorcycle ur entries from Part 2, including an ere                 | accessories ny entries for            | \$1,000.00  Current value of the                          |
|                         |  |   |  |   |                                       | portion you own? Do not deduct secured                    |
|                         |  |   |  |   |                                       | claims or exemptions.                                     |
| : 40                    | rechold ac                                   | and furnishings   |  |   |                                       |   |

**Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

Page 11 of 42
Case number (if known) Document Debtor 1 Lois D Lundquist Yes. Describe..... \$500.00 One miscellaneous lot of household goods and furnishings. 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... **Necessary wearing apparel** \$250.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$750.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ Yes..... Official Form 106A/B Schedule A/B: Property page 2

Case 17-30429

Doc 1

Filed 10/11/17

Entered 10/11/17 10:37:41

Desc Main

Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Case 17-30429 Page 12 of 42

Case number (if known) Document

Debtor 1 Lois D Lundquist

|     |  |   |                                 | Cash  | \$100.00                 |
|-----|--|---|---------------------------------|---|--------------------------|
|     | institutions. I                                  | avings, or other financial acco<br>f you have multiple accounts   |                                 | it; shares in credit unions, brokerage hous<br>list each.               | es, and other similar    |
| _   | □ No<br>■ Yes                                    |   | Institution name:               |   |                          |
|     |  | 17.1. Checking Acco   | unt First Midwest Ba            | ank   | \$300.00                 |
| 18. |  | or publicly traded stocks investment accounts with bro  | kerage firms, money mark        | xet accounts  |                          |
|     | No<br>Yes  | Institution or issuer   | name:                           |   |                          |
|     | Non-publicly traded sto<br>joint venture<br>■ No | ock and interests in incorpo  | orated and unincorporate        | ed businesses, including an interest in                                 | an LLC, partnership, and |
|     |  | ormation about them<br>Name of entity:  |                                 | % of ownership:   |                          |
|     | Negotiable instruments                           | orate bonds and other nego<br>include personal checks, cas<br>ents are those you cannot tra<br>rmation about them<br>Issuer name: | hiers' checks, promissory       | notes, and money orders.  |                          |
| _   | Retirement or pension Examples: Interests in II  |   | 03(b), thrift savings accou     | nts, or other pension or profit-sharing plan                            | s                        |
|     | Yes. List each account                           | t separately.<br>Type of account:   | Institution name:               |   |                          |
|     |  | Pension   | Pension                         |   | Unknown                  |
|     |  | d deposits you have made so   |                                 | rvice or use from a company<br>s, water), telecommunications companies, | or others                |
|     | ☐ Yes  |   | Institution name or             | individual:   |                          |
|     | Annuities (A contract for ☐ No                   | r a periodic payment of mone  | y to you, either for life or fo | or a number of years)   |                          |
|     |  | suer name and description.  |                                 |   |                          |
|     | VA   | ALIC Annuity  |                                 |   | \$1,294.00               |
| 2   | 26 U.S.C. §§ 530(b)(1), 5                        |   | ualified ABLE program, o        | or under a qualified state tuition progra                               | m.                       |
|     | ■ No<br>□ Yes Ins                                | stitution name and description  | n. Separately file the record   | ds of any interests.11 U.S.C. § 521(c):                                 |                          |
| _   | Trusts, equitable or fut<br>■ No                 | ure interests in property (o  | ther than anything listed       | in line 1), and rights or powers exercis                                | able for your benefit    |
|     | Yes. Give specific info                          | ormation about them   |                                 |   |                          |

Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Page 13 of 42

Case number (if known) Document Debtor 1 **Lois D Lundquist** 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached

Official Form 106A/B Schedule A/B: Property page 4

\$1,694.00

Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Page 14 of 42

Case number (if known) Document Debtor 1 **Lois D Lundquist** 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 ...... \$0.00 Part 2: Total vehicles, line 5 \$1,000.00 57. Part 3: Total personal and household items, line 15 \$750.00 Part 4: Total financial assets, line 36 58. \$1,694.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total

\$3,444.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Schedule A/B: Property

Official Form 106A/B

page 5

\$3,444.00

\$3,444.00

|                      |                        | I A A A A A A A A A A A A A A A A A A A | 111 1 1111. 1.7 (7) = | 7/ |
|----------------------|------------------------|---|-----------------------|----|
| Fill in this informa | ation to identify your | case:                                   |                       |    |
| Debtor 1             | Lois D Lundquist       |   |                       |    |
|                      | First Name             | Middle Name                             | Last Name             |    |
| Debtor 2             |                        |   |                       |    |
| (Spouse if, filing)  | First Name             | Middle Name                             | Last Name             |    |
| United States Bank   | kruptcy Court for the: | NORTHERN DISTRICT                       | OF ILLINOIS           |    |
| Case number          |                        |   |                       |    |
| (if known)           |                        |   |                       |    |
|                      |                        |   |                       |    |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the I | Property | You | Claim a | s Exemp | ıt |
|---------|----------|-------|----------|-----|---------|---------|----|
|---------|----------|-------|----------|-----|---------|---------|----|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |                                    |
| 2008 Mazda Mazda3 176,000 miles Line from Schedule A/B: 3.1                            | \$1,000.00                           |     | \$1,000.00  | 735 ILCS 5/12-1001(c)              |
| Line nom Schedule A/B. 3.1   | □ 100% of f                          |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| One miscellaneous lot of household goods and furnishings.                              | \$500.00                             |     | \$500.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: <b>6.1</b>   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Necessary wearing apparel Line from Schedule A/B: 11.1                                 | \$250.00                             |     | \$250.00  | 735 ILCS 5/12-1001(a)              |
| Ellie Holli Goricadie A.B. TTT   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cash Line from Schedule A/B: 16.1  | \$100.00                             |     | \$100.00  | 735 ILCS 5/12-1001(b)              |
| Ellie Holli Goricadie 74 B. 16.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking Account: First Midwest Bank   | \$300.00                             |     | \$300.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 17.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Document Page 16 of 42

Case number (if known)

|     | - 20:0 2 2a::aqa:0:   |                                     |                                    | (   |                    |
|-----|---|-------------------------------------|------------------------------------|---|--------------------|
|     | Brief description of the property and line on Schedule A/B that lists this property portion you own |                                     | Specific laws that allow exemption |   |                    |
|     |   | Copy the value from<br>Schedule A/B | Che                                | eck only one box for each exemption.                            |                    |
|     | ension: Pension<br>ne from Schedule A/B: 21.1   | Unknown                             |                                    | \$0.00  | 735 ILCS 5/12-1006 |
| LII | ile IIIIII <i>Schedule A/D.</i> <b>21.1</b>   |                                     |                                    | 100% of fair market value, up to any applicable statutory limit |                    |
|     | ALIC Annuity ne from Schedule A/B: 23.1   | \$1,294.00                          |                                    | \$1,294.00  | 735 ILCS 5/12-704  |
| LII | ne nom <i>Schedule A/B.</i> <b>23.1</b>   |                                     |                                    | 100% of fair market value, up to any applicable statutory limit |                    |
|     | re you claiming a homestead exemption subject to adjustment on 4/01/19 and every                    |                                     |                                    | led on or after the date of adjustme                            | nt.)               |
|     | Yes. Did you acquire the property cover   | ed by the exemption w               | ithin 1                            | ,215 days before you filed this case                            | ?                  |
|     | □ No  |                                     |                                    |   |                    |
|     | ☐ Yes   |                                     |                                    |   |                    |

| Fill in this inform | nation to identify your | case:             |             |   |                     |
|---------------------|-------------------------|-------------------|-------------|---|---------------------|
| Debtor 1            | Lois D Lundquist        |                   |             |   |                     |
|                     | First Name              | Middle Name       | Last Name   | - |                     |
| Debtor 2            |                         |                   |             |   |                     |
| (Spouse if, filing) | First Name              | Middle Name       | Last Name   |   |                     |
| United States Bar   | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |   |                     |
| Case number         |                         |                   |             |   |                     |
| (if known)          |                         |                   |             |   | Check if this is an |
|                     |                         |                   |             |   | amended filing      |

### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|   |   | Document   | Page 1                         | 8 of 42   |   |  |
|---|---|--|--------------------------------|---|---|--|
| Fill in this info                                       | ormation to identify your ca                                | se:  |                                |   |   |  |
| Debtor 1  | Lois D Lundquist  |  |                                |   |   |  |
|   | First Name  | Middle Name  | Last Name                      |   | -   |  |
| Debtor 2<br>(Spouse if, filing)                         | First Name  | Middle Name  | Last Name                      |   | -   |  |
|   |   |  |                                |   |   |  |
| United States I   | Bankruptcy Court for the:                                   | NORTHERN DISTRICT OF IL  | LINOIS                         |   | -   |  |
| Case number   |   |  |                                |   |   |  |
| (if known)  |   |  |                                |   | _   | check if this is an                          |
|   |   |  |                                |   | a   | mended filing                                |
| Official Fo   | rm 106E/F   |  |                                |   |   |  |
|   |   | o Have Unsecured   | Claims                         |   |   | 12/15  |
| Schedule G: Exe<br>Schedule D: Cre<br>eft. Attach the C | cutory Contracts and Unexpire ditors Who Have Claims Secure | at could result in a claim. Also I<br>d Leases (Official Form 106G). E<br>ed by Property. If more space is<br>If you have no information to re   | Do not include<br>needed, copy | e any creditors with partia<br>the Part you need, fill it o | ally secured claims<br>out, number the en | that are listed in tries in the boxes on the |
| Part 1: List  | All of Your PRIORITY Unse                                   | ecured Claims  |                                |   |   |  |
| 1. Do any cred  | litors have priority unsecured of                           | claims against you?  |                                |   |   |  |
| No. Go to   | o Part 2.   |  |                                |   |   |  |
| ☐ Yes.  |   |  |                                |   |   |  |
| Part 2: List  | All of Your NONPRIORITY                                     | Unsecured Claims   |                                |   |   |  |
| 3. Do any cred  | litors have nonpriority unsecur                             | ed claims against you?   |                                |   |   |  |
| ☐ No. You   | have nothing to report in this part                         | . Submit this form to the court with   | your other sch                 | edules.   |   |  |
| Yes.  |   |  |                                |   |   |  |
| unsecured c   | laim, list the creditor separately for                      | ns in the alphabetical order of th<br>or each claim. For each claim listed<br>the other creditors in Part 3.If you l   | d, identify what               | type of claim it is. Do not list                            | st claims already inc                     | luded in Part 1. If more                     |
|   |   |  |                                |   |   | Total claim                                  |
| 4.1 Capit   | al One Bank   | Last 4 digits of acc   | ount number                    | 1022  |   | \$1,936.00                                   |
|   | ority Creditor's Name                                       |  |                                |   |   |  |
|   | OX 6492<br>Stream, IL 60197-6492                            | When was the debt  | incurred?                      |   |   | -  |
|   | r Street City State Zlp Code                                | As of the date you   | file, the claim                | is: Check all that apply                                    |   |  |
| Who in  | curred the debt? Check one.                                 |  |                                |   |   |  |
| ■ Deb   | tor 1 only  | ☐ Contingent   |                                |   |   |  |
| ☐ Deb   | tor 2 only  | ☐ Unliquidated   |                                |   |   |  |
| ☐ Deb   | tor 1 and Debtor 2 only                                     | ☐ Disputed   |                                |   |   |  |
| ☐ At le   | east one of the debtors and anoth                           | _  | RITY unsecure                  | d claim:  |   |  |
|   | ck if this claim is for a commu                             | <u> </u>   |                                |   |   |  |
| debt<br>Is the o  | laim subject to offset?                                     | Obligations arising open contract of the contr |                                | aration agreement or divor                                  | ce that you did not                       |  |
| ■ No  |   | <u>.</u> ' ' '   |                                | ng plans, and other similar                                 | debts                                     |  |
| ☐ Yes   |   | Other. Specify   | •                              | • •   |   |  |
| □ res   |   | Other, Specify   | Sieuit cart                    | a parcilases  |   |  |

Entered 10/11/17 10:37:41 Case 17-30429 Doc 1 Filed 10/11/17 Desc Main

Document Page 19 of 42 Debtor 1 Lois D Lundquist Case number (if know) 4.2 \$1,445.00 Chase Last 4 digits of account number 6867 Nonpriority Creditor's Name PO Box 1493 When was the debt incurred? Charlotte, NC 28201-1423 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit card purchases ☐ Yes 4.3 Commerce Last 4 digits of account number 0485 \$1,867.00 Nonpriority Creditor's Name PO Box 806000 When was the debt incurred? Kansas City, MO 64180-6000 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Credit card purchases ☐ Yes Other. Specify 4.4 Discover Last 4 digits of account number 8450 \$6,964.00 Nonpriority Creditor's Name PO Box 6103 When was the debt incurred? Carol Stream, IL 60197-6103 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed

Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit card purchases

| Debtor                                   | 1 Lois D Lu  | ındquist  | Document I  | Page 20                     | Of 42<br>Case no | 2<br>umber (if know)                      |   |  |
|--|--|---|---|-----------------------------|------------------|---|---|--|
| 4.5                                      | First Midwe  | est   | Last 4 digits of accou  | nt number                   | 9849             |   |   | \$0.00   |
|  | Nonpriority Cre                                      | ditor's Name  | _   |                             |                  |   | -   | Ψ0.00  |
|  | PO Box 255   |   | When was the debt in  | curred?                     |                  |   |   |  |
|  |  | 68103-2557<br>City State Zlp Code   | As of the date you file   | the claim is                | s: Check         | all that apply                            |   |  |
|  |  | the debt? Check one.  | no or the date year me  | , the claim is              | o. Oncor         | ан инастарыу                              |   |  |
|  | Debtor 1 on  | lv  | ☐ Contingent  |                             |                  |   |   |  |
|  | Debtor 2 on  |   | ☐ Unliquidated  |                             |                  |   |   |  |
|  | _  | d Debtor 2 only   | _ ·   |                             |                  |   |   |  |
|  | _  | of the debtors and another  | ☐ Disputed  Type of NONPRIORITY   | / unsecured                 | l claim·         |   |   |  |
|  |  |   | ☐ Student loans   |                             |                  |   |   |  |
|  | debt   | is claim is for a community   | Obligations arising or report as priority claims  | out of a sepa               | ration agr       | reement or divorc                         | e that you did not                        |  |
|  | ■ No   | isjoot to onloot.   | Debts to pension or   | profit-sharing              | n plans a        | and other similar                         | debts                                     |  |
|  | ☐ Yes  |   | •   | scellaneo                   |                  |   | 200.0                                     |  |
|  |  |   | Other. Specify  | Sociianice                  | 011              | ui ges                                    |   |  |
| 4.6                                      | Walmart<br>Nonpriority Cree                          | ditaria Nama  | Last 4 digits of accoun   | nt number                   | 4050             |   | _   | \$3,081.00                                       |
|  | PO Box 530   |   | When was the debt in  | curred?                     |                  |   |   |  |
|  |  | 30353-0927  |   |                             |                  |   |   |  |
|  |  | City State Zlp Code   | As of the date you file   | , the claim is              | s: Check         | all that apply                            |   |  |
|  | _  | the debt? Check one.  | _   |                             |                  |   |   |  |
|  | Debtor 1 on  |   | Contingent  |                             |                  |   |   |  |
|  | Debtor 2 on  | ly  | ☐ Unliquidated  |                             |                  |   |   |  |
|  | Debtor 1 an  | d Debtor 2 only   | ☐ Disputed  |                             |                  |   |   |  |
|  | ☐ At least one                                       | of the debtors and another  | Type of NONPRIORITY   | / unsecured                 | l claim:         |   |   |  |
|  |  | is claim is for a community   | ☐ Student loans   |                             |                  |   |   |  |
|  | ls the claim su                                      | bject to offset?  | Obligations arising of report as priority claims  |                             | · ·              |   | ·   |  |
|  | No   |   | Debts to pension or   | profit-sharing              | g plans, a       | and other similar o                       | debts                                     |  |
|  | Yes  |   | Other. Specify Cr   | edit card                   | purcha           | ases                                      |   |  |
| Part 3:                                  | List Others  | s to Be Notified About a Debt   | That You Already Listo  | ed                          |                  |   |   |  |
| is tryii<br>have r<br>notifie<br>Part 4: | ng to collect from one than one of the for any debts | you have others to be notified abo<br>om you for a debt you owe to some<br>creditor for any of the debts that you<br>in Parts 1 or 2, do not fill out or s<br>mounts for Each Type of Unse<br>certain types of unsecured claims<br>aim. | eone else, list the origina<br>ou listed in Parts 1 or 2, I<br>ubmit this page.<br>ecured Claim | I creditor in ist the addit | Parts 1 d        | or 2, then list the<br>editors here. If y | e collection agency<br>ou do not have add | here. Similarly, if you<br>itional persons to be |
| -  |  |   |   |                             |                  | Tota                                      | al Claim                                  |  |
|  | 6a.  | Domestic support obligations  |   |                             | 6a.              | \$  | 0.00                                      |  |
|  | Total  |   |   |                             |                  |   |   |  |
| from P                                   | aims<br>art 1 6b.                                    | Taxes and certain other debts ye  | ou owe the government   |                             | 6b.              | \$  | 0.00                                      |  |
|  | 6c.  | Claims for death or personal inj  | ury while you were intoxi   | cated                       | 6c.              | \$  | 0.00                                      |  |
|  | 6d.  | Other. Add all other priority unsec   | ured claims. Write that amo   | ount here.                  | 6d.              | \$  | 0.00                                      |  |
|  | 6e.  | Total Priority. Add lines 6a throug   | gh 6d.  |                             | 6e.              | \$  | 0.00                                      |  |
|  |  |   |   |                             |                  |   |   |  |
|  | 6f.  | Student loans   |   |                             | 6f.              | Tota                                      | al Claim                                  |  |
| 7  | Total  |   |   |                             |                  |   |   |  |

Total claims from Part 2

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

6g.

6h.

6i.

Obligations arising out of a separation agreement or divorce that

Debts to pension or profit-sharing plans, and other similar debts

Other. Add all other nonpriority unsecured claims. Write that amount

you did not report as priority claims

here.

6g.

6h.

6i.

0.00

0.00

15,293.00

Entered 10/11/17 10:37:41 Desc Main Case 17-30429 Doc 1 Filed 10/11/17 Page 21 of 42 Case number (if know) Document

Debtor 1 Lois D Lundquist

Total Nonpriority. Add lines 6f through 6i.

\$ 6j. 15,293.00

|                        |                          | 17(7(4)))))       | .111 1 71111. 7 7 171 47 |                       |
|------------------------|--------------------------|-------------------|--------------------------|-----------------------|
| Fill in this infor     | rmation to identify your | case:             |                          |                       |
| Debtor 1               | Lois D Lundquist         | :                 |                          |                       |
|                        | First Name               | Middle Name       | Last Name                |                       |
| Debtor 2               |                          |                   |                          |                       |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name                |                       |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS              |                       |
| Case number (if known) |                          |                   |                          | ☐ Check if this is an |
| , ,                    |                          |                   |                          | amonded filing        |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   |   |
|     | City      |                                | State   | ZIP Code          | _                                       |
| 2.2 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.3 | •         |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del></del>                             |
| 2.5 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
|     |           |                                |   |                   |   |

|                                    |   | Docume  | <u>nt Page 23 (</u>   | ot 42   |   |
|------------------------------------|---|---|---|---|---|
| Fill in thi                        | s information to identify your          | r case:   |   |   |   |
| Debtor 1                           | Lois D Lundquis                         | .4  |   |   |   |
| Debior 1                           | First Name                              | Middle Name   | Last Name   |   |   |
| Debtor 2                           |   |   |   |   |   |
| (Spouse if, f                      | iling) First Name                       | Middle Name   | Last Name   |   |   |
| United St                          | ates Bankruptcy Court for the:          | NORTHERN DISTRICT   | OF ILLINOIS   |   |   |
|                                    | , ,                                     |   |   |   |   |
| Case nur                           | mber                                    |   |   |   | <b>—</b> OL 1881.   |
| (if known)                         |   |   |   |   | Check if this is an amended filing                                    |
|                                    |   |   |   |   | amended ming  |
| Officia                            | al Form 106H                            |   |   |   |   |
|                                    | dule H: Your Cod                        | lohtoro   |   |   | 40/45   |
| Scrie                              | dule H. Your Cot                        | ienioi 2  |   |   | 12/15   |
| ill it out,<br>our nam             |   | e boxes on the left. Attach<br>1). Answer every question  | the Additional Page   | to this page. On the to   | needed, copy the Additional Page,<br>p of any Additional Pages, write |
| 1. DC                              | you have any codebions: (II             | you are ming a joint case,  | do not list either spouse   | e as a codebior.  |   |
| ■ No                               |   |   |   |   |   |
| Arizo  No Ye  3. In Co in lin Form | e 2 again as a codebtor only            | a, Nevada, New Mexico, Pu<br>ouse, or legal equivalent live<br>otors. Do not include your<br>if that person is a guaran | erto Rico, Texas, Wash<br>with you at the time?<br>spouse as a codebto<br>tor or cosigner. Make | nington, and Wiśconśin.) r if your spouse is filin<br>sure you have listed tl |   |
| •                                  | Column 1: Your codebtor                 | 7ID Code  |   |   | editor to whom you owe the debt                                       |
|                                    | Name, Number, Street, City, State and 2 | LII OUUG  |   | Check all schedule  | еѕ шат арріу:   |
| 3.1                                |   |   |   | ☐ Schedule D, lin   | ne  |
|                                    | Name                                    |   |   | ☐ Schedule E/F,   |   |
|                                    |   |   |   | ☐ Schedule G, lin   |   |
|                                    | Number Street                           |   |   | _   |   |
|                                    | City                                    | State   | ZIP Code  |   |   |
|                                    |   |   |   |   |   |
| 0.0                                |   |   |   | Под тте   |   |
| 3.2                                | Name                                    |   |   | Schedule D, lin   |   |
|                                    |   |   |   | ☐ Schedule E/F,   |   |
|                                    |   |   |   | ☐ Schedule G, lin   | ne  |
|                                    | Number Street                           |   |   |   |   |
|                                    | City                                    | State   | ZIP Code  |   |   |

# Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Document Page 24 of 42

| Fill                            | in this information to identify your c   | ase:                          |  |  |               |                               |   |                            |  |
|---------------------------------|--|-------------------------------|--|--|---------------|-------------------------------|---|----------------------------|--|
|                                 | otor 1 Lois D Lund   |                               |  |  |               |                               |   |                            |  |
|                                 | otor 2 use, if filing)   |                               |  |  | _             |                               |   |                            |  |
| Uni                             | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC            | CT OF ILLINOIS   |  |               |                               |   |                            |  |
|                                 | se number<br>  |                               |  |  |               |                               |   |                            |  |
| O                               | fficial Form 106l  |                               |  |  |               | MM / DD/ Y                    |   |                            |  |
| So                              | chedule I: Your Inc  | ome                           |  |  |               | , 22, .                       |   | 12/15                      |  |
| sup <sub>i</sub><br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  11: Describe Employment | are married and not filing wi | ng jointly, and your the thick the t | spouse i<br>de infori                      | s living wit  | h you, inclu<br>ut your spo   | ude information a<br>ouse. If more spac | bout your<br>ce is needed, |  |
| 1.                              | Fill in your employment information.   |                               | Debtor 1   |  |               | Debtor 2 or non-filing spouse |   |                            |  |
|                                 | If you have more than one job, attach a separate page with information about additional employers.   | Employment status             | ■ Employed   |  |               | ☐ Employed                    |   |                            |  |
|                                 |  | Employment status             | □ Not employed   |  |               | ☐ Not e                       | mployed                                 |                            |  |
|                                 |  | Occupation                    | School Custodi   | an   |               |                               |   |                            |  |
|                                 | Include part-time, seasonal, or self-employed work.  | Employer's name               | School District<br>Island  | 130 - BI                                   | ue            |                               |   |                            |  |
|                                 | Occupation may include student or homemaker, if it applies.  | Employer's address            |  | 12300 S Greenwood<br>Blue Island, IL 60406 |               |                               |   |                            |  |
|                                 |  | How long employed ti          | here? 12 1/2 y   | /ears                                      |               | _                             |   |                            |  |
| Par                             | t 2: Give Details About Mor  | nthly Income                  |  |  |               |                               |   |                            |  |
|                                 | mate monthly income as of the duse unless you are separated.   | ate you file this form. If y  | you have nothing to re   | eport for                                  | any line, wri | ite \$0 in the                | space. Include you                      | ur non-filing              |  |
|                                 | u or your non-filing spouse have mo<br>e space, attach a separate sheet to   |                               | ombine the informatio  | n for all e                                | mployers fo   | or that perso                 | on on the lines belo                    | w. If you need             |  |
|                                 |  |                               |  |  | For De        | ebtor 1                       | For Debtor 2 or non-filing spou         |                            |  |
| 2.                              | List monthly gross wages, sala deductions). If not paid monthly,   |                               |  | 2.   | \$            | 3,263.00                      | \$                                      | N/A                        |  |
| 3.                              | Estimate and list monthly overt  | ime pay.                      |  | 3.   | +\$           | 0.00                          | +\$                                     | N/A                        |  |
| 4.                              | Calculate gross Income. Add lin  | ne 2 + line 3.                |  | 4.   | \$3,2         | 263.00                        | \$N/                                    | <u>A</u>                   |  |

Official Form 106I Schedule I: Your Income page 1

# Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Document Page 25 of 42

| Deb | tor 1  | Lois D Lundquist  | -    | С  | ase | number (if known) |      |                    |                     |                  |
|-----|--|---|------|----|-----|-------------------|------|--------------------|---------------------|------------------|
|     |  |   |      |    |     | Debtor 1          | non- | Debtor<br>filing s | pouse               |                  |
|     | Cop  | y line 4 here   | 4.   |    | \$_ | 3,263.00          | \$   |                    | N/A                 | <u> </u>         |
| 5.  | List   | all payroll deductions:   |      |    |     |                   |      |                    |                     |                  |
|     | 5a.  | Tax, Medicare, and Social Security deductions   | 5a   |    | \$  | 724.00            | \$   |                    | N/A                 |                  |
|     | 5b.  | Mandatory contributions for retirement plans  | 5b   |    | \$  | 201.00            | \$   |                    | N/A                 | _                |
|     | 5c.  | Voluntary contributions for retirement plans  | 5c.  |    | \$  | 0.00              | \$   |                    | N/A                 | _                |
|     | 5d.  | Required repayments of retirement fund loans  | 5d   |    | \$  | 0.00              | \$   |                    | N/A                 | <u> </u>         |
|     | 5e.  | Insurance   | 5e   |    | \$  | 130.00            | \$   |                    | N/A                 | 1                |
|     | 5f.  | Domestic support obligations  | 5f.  |    | \$_ | 0.00              | \$   |                    | N/A                 | _                |
|     | 5g.  | Union dues  | 5g   |    | \$_ | 59.00             | \$   |                    | N/A                 | _                |
|     | 5h.  | Other deductions. Specify:  | _ 5h | .+ | \$  | 0.00              | + \$ |                    | N/A                 | <u>\</u>         |
| 6.  | Add  | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.   | ,  | ₿   | 1,114.00          | \$   |                    | N/A                 | <u>\</u>         |
| 7.  | Calc   | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.   | ,  | ₿   | 2,149.00          | \$   |                    | N/A                 | <u> </u>         |
| 8.  | List<br>8a.  | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a   |    | \$  | 0.00              | \$   |                    | N/A                 |                  |
|     | 8b.  | Interest and dividends  | 8b   |    | \$_ | 0.00              | \$   |                    | N/A                 | _                |
|     | 8c.  | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.  |    | \$  | 0.00              | \$   |                    | N/A                 | <b>.</b>         |
|     | 8d.  | Unemployment compensation   | 8d   |    | \$  | 0.00              | \$   |                    | N/A                 | _                |
|     | 8e.  | Social Security   | 8e   |    | \$  | 0.00              | \$   |                    | N/A                 | 1                |
|     | 8f.  | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | 8f.  |    | \$  | 0.00              | \$   |                    | N/A                 | _                |
|     | 8g.  | Pension or retirement income  | 8g   |    | \$_ | 0.00              |      |                    | N/A                 | _                |
|     | 8h.  | Other monthly income. Specify:  | _ 8h | .+ | \$  | 0.00              | + >  |                    | N/A                 | <u></u>          |
| 9.  | Add  | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.   | \$ | _   | 0.00              | \$   |                    | N/                  | A                |
| 10  | Calc   | ulate monthly income. Add line 7 + line 9.  | 10.  | \$ |     | 2,149.00 + \$     |      | N/A                | = \$                | 2,149.00         |
| 10. |  | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |      | Ψ_ |     | <u></u> ' Ψ_      |      | 11//               | -  <sup>-</sup>   - | 2,143.00         |
| 11. | It. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00 |   |      |    |     |                   |      |                    |                     |                  |
| 12. |  | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines  |      |    |     |                   |      | 12.                | \$                  | 2,149.00         |
| 13. | Do y   | ou expect an increase or decrease within the year after you file this form No.  | ?    |    |     |                   |      |                    | Combi<br>month      | ned<br>ly income |
|     |  | Voc Evolain:  |      |    |     |                   |      |                    |                     | -                |

# Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Document Page 26 of 42

| Fill       | in this information to identify your case:  |  |                                    |   |   |
|------------|---|--|------------------------------------|---|---|
| Deb        | Lois D Lundquist  |  | - I <u> </u>                       | eck if this is:                                       |   |
|            | ouse, if filing)  |  | .   📙                              | An amended filing A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| Unit       | ited States Bankruptcy Court for the: NORTHERN DISTRIC  | CT OF ILLINOIS   |                                    | MM / DD / YYYY  |   |
| l          | se numberknown)   |  |                                    |   |   |
| O          | fficial Form 106J   |  |                                    |   |   |
| S          | chedule J: Your Expenses  |  |                                    |   | 12/15   |
| info       | as complete and accurate as possible. If two marrie<br>ormation. If more space is needed, attach another si<br>mber (if known). Answer every question.                    | ed people are filing togethe<br>heet to this form. On the to | r, both are eque<br>p of any addit | ually responsible fo<br>ional pages, write y          | r supplying correct<br>our name and case      |
| Par        | rt 1: Describe Your Household   |  |                                    |   |   |
| 1.         | Is this a joint case?   |  |                                    |   |   |
|            | ■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate househol   | 42   |                                    |   |   |
|            | <u> </u>  | ur   |                                    |   |   |
|            | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-  | 2, Expenses for Separate Ho                                  | ousehold of Del                    | otor 2.   |   |
| 2.         | Do you have dependents? ■ No  |  |                                    |   |   |
|            | Do not list Debtor 1 and Pes. Fill out this info each depende   | -  | relationship to ebtor 2            | Dependent's age                                       | Does dependent live with you?                 |
|            | Do not state the  |  |                                    |   | □ No  |
|            | dependents names.   |  |                                    |   | Yes   |
|            |   |  |                                    |   | □ No  |
|            |   |  |                                    |   | ☐ Yes<br>☐ No                                 |
|            |   |  |                                    |   | ☐ Yes   |
|            |   |  |                                    |   | □ res   |
|            |   |  |                                    |   | ☐ Yes   |
| 3.         | Do your expenses include expenses of people other than yourself and your dependents?  |  |                                    |   |   |
| Est<br>exp | tt 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing depenses as of a date after the bankruptcy is filed. If the plicable date. |  |                                    |   |   |
| the        | clude expenses paid for with non-cash government a<br>e value of such assistance and have included it on S<br>fficial Form 106I.)   | assistance if you know<br>chedule I: Your Income             |                                    | Your expe   | enses   |
| 4.         | The rental or home ownership expenses for your payments and any rent for the ground or lot.   | residence. Include first mort                                | gage<br>4.                         | \$  | 725.00  |
|            | If not included in line 4:  |  |                                    |   |   |
|            | 4a. Real estate taxes   |  | 4a.                                | \$  | 0.00  |
|            | 4b. Property, homeowner's, or renter's insurance  |  | 4b.                                | ·   | 0.00  |
|            | 4c. Home maintenance, repair, and upkeep expens   |  | 4c.                                | i ————————————————————————————————————                | 0.00  |
| 5.         | 4d. Homeowner's association or condominium due Additional mortgage payments for your residence  |  | 4d.<br>5.                          | ·   | 0.00  |
| J.         | AUGULOHA HOLUAUE DAVIHEILS IOI VOUI TESIGENCE   | a aucu aa nome eduny idans.                                  | IJ.                                | w   |   |

# Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Document Page 27 of 42

| Deb         | tor 1  | Lois D L     | undquist   | Case nun                       | nber (if known)  |                               |
|-------------|--------|--------------|--|--------------------------------|------------------|-------------------------------|
| 6.          | Utilit | ies:         |  |                                |                  |                               |
| ٥.          | 6a.    |              | , heat, natural gas  | 6a.                            | . \$             | 125.00                        |
|             | 6b.    | -            | wer, garbage collection                                      | 6b.                            |                  | 0.00                          |
|             | 6c.    |              | e, cell phone, Internet, satellite, and cable services       |                                | \$               | 215.00                        |
|             | 6d.    | Other. Spe   | •                      | 6d.                            | ·                | 0.00                          |
| 7.          |        |              | ekeeping supplies  | 7.                             |                  | 600.00                        |
| 8.          |        |              | children's education costs                                   | 8.                             | ·                | 0.00                          |
| 9.          |        |              | lry, and dry cleaning  |                                | \$               | 100.00                        |
| -           |        | -            | products and services  | 10.                            |                  | 100.00                        |
|             |        | -            | ntal expenses  | 11.                            | ·                | 125.00                        |
|             |        |              | Include gas, maintenance, bus or train fare.                 | 11.                            | Ψ                | 125.00                        |
| 12.         |        |              | ar payments.   | 12.                            | \$               | 375.00                        |
| 13.         |        |              | clubs, recreation, newspapers, magazines, and                | l books 13.                    | \$               | 0.00                          |
| 14.         |        |              | ributions and religious donations                            | 14.                            |                  | 0.00                          |
|             |        | rance.       | insulation and rongious defiations                           | • • •                          | · · ·            | 0.00                          |
|             |        |              | nsurance deducted from your pay or included in line          | es 4 or 20.                    |                  |                               |
|             |        | Life insura  |  | 15a.                           | \$               | 0.00                          |
|             | 15b.   | Health ins   | surance  | 15b.                           | \$               | 0.00                          |
|             | 15c.   | Vehicle in:  | surance  | 15c.                           | \$               | 0.00                          |
|             | 15d.   | Other insu   | urance. Specify:   | 15d.                           | \$               | 0.00                          |
| 16.         |        |              | nclude taxes deducted from your pay or included in           |                                | ·                | 0.00                          |
|             | Spec   |              |  | 16.                            | \$               | 0.00                          |
| 17.         | Insta  | Ilment or le | ease payments:   |                                |                  |                               |
|             | 17a.   | Car paymo    | ents for Vehicle 1   | 17a.                           | \$               | 0.00                          |
|             | 17b.   | Car payme    | ents for Vehicle 2   | 17b.                           | \$               | 0.00                          |
|             | 17c.   | Other. Spe   | ecify:   | 17c.                           | \$               | 0.00                          |
|             | 17d.   | Other. Spe   |  | 17d.                           | \$               | 0.00                          |
| 18.         | Your   | payments     | of alimony, maintenance, and support that you                | did not report as              |                  |                               |
|             |        |              | your pay on line 5, Schedule I, Your Income (Of              | 1101011 101111 1001/           | \$               | 0.00                          |
| 19.         | Othe   | r payments   | s you make to support others who do not live w               | vith you.                      | \$               | 0.00                          |
|             | Spec   |              |  | 19.                            |                  |                               |
| 20.         |        |              | erty expenses not included in lines 4 or 5 of thi            |                                |                  |                               |
|             |        |              | s on other property  | 20a.                           |                  | 0.00                          |
|             | 20b.   | Real estat   | te taxes   | 20b.                           |                  | 0.00                          |
|             |        |              | homeowner's, or renter's insurance                           | 20c.                           | \$               | 0.00                          |
|             | 20d.   | Maintenar    | nce, repair, and upkeep expenses                             | 20d.                           | . \$             | 0.00                          |
|             | 20e.   | Homeown      | ner's association or condominium dues                        | 20e.                           | \$               | 0.00                          |
| 21.         | Othe   | r: Specify:  |  | 21.                            | +\$              | 0.00                          |
| 22          | Calc   | ulato vour   | monthly expenses   | <del></del>                    |                  |                               |
| <b>∠∠</b> . |        |              | through 21.  |                                | \$               | 2 365 00                      |
|             |        |              | •  | icial Form 106 L 2             | \$               | 2,365.00                      |
|             |        |              | 2 (monthly expenses for Debtor 2), if any, from Off          | iciai Form 1065-2              | ·                |                               |
|             | 22c. / | Add line 22  | a and 22b. The result is your monthly expenses.              |                                | \$               | 2,365.00                      |
| 23.         | Calc   | ulate vour   | monthly net income.  |                                |                  |                               |
|             |        | -            | 12 (your combined monthly income) from Schedule              | e I. 23a.                      | \$               | 2,149.00                      |
|             |        |              | r monthly expenses from line 22c above.                      | 23b.                           |                  | 2,365.00                      |
|             |        | , , 501      |  | 200.                           |                  |                               |
|             | 23c.   | Subtract v   | your monthly expenses from your monthly income.              |                                |                  |                               |
|             |        |              | t is your monthly net income.                                | 23c.                           | \$               | -216.00                       |
|             |        |              | ,  |                                |                  |                               |
| 24.         |        |              | an increase or decrease in your expenses withi               |                                |                  |                               |
|             |        |              | ou expect to finish paying for your car loan within the year | or do you expect your mortgage | payment to incre | ease or decrease because of a |
|             |        |              | terms of your mortgage?                                      |                                |                  |                               |
|             | ■ No   |              |  |                                |                  |                               |
|             | □ Ye   | es.          | Explain here:  |                                |                  |                               |

## Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Document Page 28 of 42

| Declaration About an Individual Debtor's Schedules  12/15  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20  |                               |   |                          |                             |                        |                                 |
|--|-------------------------------|---|--------------------------|-----------------------------|------------------------|---------------------------------|
| Debtor 2 (Spouse If, Illing)  Debtor 2 (Spouse If, Illing)  First Name  Middle Name  Last Name  United States Bankruptcy Court for the:  NORTHERN DISTRICT OF ILLINOIS  Case number (If known)  Official Form 106Dec  Declaration About an Individual Debtor's Schedules  If two married people are filling together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  Under penalty of perjury, I declare that I have read the summary and schedules filled with this declaration and that they are true and correct.  X Is/ Lois D Lundquist  X  | Fill in this info             | rmation to identify your                        | case:                    |                             |                        |                                 |
| Pirst Name   Middle Name   Last Name   L | Debtor 1                      | Lois D Lundquist                                |                          |                             |                        |                                 |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number (If known)  Official Form 106Dec  Declaration About an Individual Debtor's Schedules  12/15  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Lois D Lundquist  X  |                               |   |                          | Last Name                   |                        |                                 |
| Case number (If known) Check if this is an amended filing Check if this is an amended Schedules Check if this is an amended Schedules are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Lois D Lundquist  X   |                               | First Name                                      | Middle Name              | Last Name                   |                        |                                 |
| Official Form 106Dec  Declaration About an Individual Debtor's Schedules  12/15  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Lois D Lundquist   | United States B               | ankruptcy Court for the:                        | NORTHERN DISTRICT        | OF ILLINOIS                 |                        |                                 |
| Declaration About an Individual Debtor's Schedules  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Lois D Lundquist  X  |                               |   |                          |                             |                        | <del>-</del>                    |
| If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Lois D Lundquist  X  | Official For                  | m 106Dec  |                          |                             |                        |                                 |
| If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Lois D Lundquist  X  | Declara                       | tion About a                                    | n Individual             | <b>Debtor's Scl</b>         | hedules                | 12/15                           |
| ■ No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Lois D Lundquist  X   | years, or both.               | 18 U.S.C. §§ 152, 1341, 1                       |                          | ruptcy case can result in   | n fines up to \$250,00 | 0, or imprisonment for up to 20 |
| Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Lois D Lundquist  X   | Did you p                     | ay or agree to pay some                         | one who is NOT an attor  | ney to help you fill out ba | ankruptcy forms?       |                                 |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Lois D Lundquist  X  | ■ No                          |   |                          |                             |                        |                                 |
| that they are true and correct.  X /s/ Lois D Lundquist X  | ☐ Yes.                        | Name of person                                  |                          |                             |                        |                                 |
| Signature of Debtor 1  | that they a  X /s/ Lo  Lois [ | re true and correct. is D Lundquist D Lundquist | that I have read the sum | x                           |                        | n and                           |

Date \_\_\_\_\_

Date August 31, 2017

# Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Document Page 29 of 42

| Fill                                    | in this inform             | nation to identify you                     | r case:  |   |   |   |  |  |  |  |
|---|----------------------------|--|--|---|---|---|--|--|--|--|
| Del                                     | btor 1                     | Lois D Lundquis                            | st   |   |   |   |  |  |  |  |
|   |                            | First Name                                 | Middle Name  | Last Name   |   |   |  |  |  |  |
| l                                       | btor 2<br>ouse if, filing) | First Name                                 | Middle Name  | Last Name   |   |   |  |  |  |  |
| Uni                                     | ited States Bar            | nkruptcy Court for the:                    | NORTHERN DISTRICT (  | OF ILLINOIS   |   |   |  |  |  |  |
| Ca                                      | se number                  |  |  |   |   |   |  |  |  |  |
|   | nown)                      |  |  |   |   | theck if this is an mended filing                     |  |  |  |  |
|   | ficial For                 |  | Affairs for Individ  | duals Filing for B                                    | ankruntov   | A/A/  |  |  |  |  |
|   |                            |  | Affairs for Individ  |   |   | 4/10  |  |  |  |  |
| info                                    | rmation. If m              | ore space is needed,                       | attach a separate sheet to   |   | equally responsible for sup<br>additional pages, write you  |   |  |  |  |  |
| nun                                     | nber (if known             | ı). Answer every que                       | stion.   |   |   |   |  |  |  |  |
| Pa                                      | rt 1: Give D               | etails About Your Ma                       | arital Status and Where You  | Lived Before  |   |   |  |  |  |  |
| 1. What is your current marital status? |                            |  |  |   |   |   |  |  |  |  |
|   | ☐ Married ■ Not marr       | ried                                       |  |   |   |   |  |  |  |  |
| 2.                                      | During the la              | ıst 3 years, have you                      | lived anywhere other than  | where you live now?                                   |   |   |  |  |  |  |
|   | ■ Na                       |  |  |   |   |   |  |  |  |  |
|   | ■ No □ Yes. List           | t all of the places you l                  | lived in the last 3 years. Do no   | ot include where you live now                         | <i>'</i> .  |   |  |  |  |  |
|   | Debtor 1 Pri               | or Address:                                | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2<br>lived there                         |  |  |  |  |
| <b>3.</b><br>stat                       |                            |  |  |   | ity property state or territory co, Texas, Washington and W |   |  |  |  |  |
|   | ■ No                       |  |  |   |   |   |  |  |  |  |
|   | _                          | ke sure you fill out <i>Scl</i>            | hedule H: Your Codebtors (O  | fficial Form 106H).                                   |   |   |  |  |  |  |
| Pa                                      | rt 2 Explain               | n the Sources of You                       | r Income   |   |   |   |  |  |  |  |
| 4.                                      | Fill in the tota           | I amount of income yo                      | nployment or from operating user received from all jobs and a have income that you receive | all businesses, including part-                       |   | ndar years?   |  |  |  |  |
|   | □ No                       |  |  |   |   |   |  |  |  |  |
|   | Yes. Fill                  | in the details.                            |  |   |   |   |  |  |  |  |
|   |                            |  | Debtor 1   |   | Debtor 2  |   |  |  |  |  |
|   |                            |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                  | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |
|   |                            | of current year until<br>d for bankruptcy: | ■ Wages, commissions,  | \$26,104.00   | ☐ Wages, commissions,                                       | and exclusions)                                       |  |  |  |  |
|   | Late you med               | zama aptoy.                                | bonuses, tips  |   | bonuses, tips   |   |  |  |  |  |
|   |                            |  | Operating a business   |   | ☐ Operating a business                                      |   |  |  |  |  |

Official Form 107

Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Case 17-30429

Page 30 of 42
Case number (if known) Document Debtor 1 Lois D Lundquist

|   |  |  |  | Dobtor 1   |  |  | Dobtor 2   |  |   |
|---|--|--|--|--|--|--|--|--|---|
|   |  |  |  | Debtor 1   | 0  |  | Debtor 2   |  | One are in a service                                  |
|   |  |  |  | Sources of income<br>Check all that apply.   |  | s income<br>e deductions and<br>sions)   | Sources of inco  |  | Gross income<br>(before deductions<br>and exclusions) |
|   |  |  | ■ Wages, commissions, bonuses, tips  | \$36,402.00  |  |  |  |  |   |
|   |  |  |  | ☐ Operating a business   |  |  | ☐ Operating a b  | ousiness   |   |
| 5.  | Include include and other winnings.  List each s | come regard<br>public bene<br>If you are fil | dless of wheth<br>fit payments;<br>ing a joint cas   | e during this year or the two<br>ner that income is taxable. Exa<br>pensions; rental income; inter<br>se and you have income that y<br>ome from each source separat  | mples of<br>est; divid<br>ou receiv  | other income are a<br>ends; money collec-<br>ved together, list it of  | alimony; child suppo<br>cted from lawsuits; i<br>only once under De                        | royalties; and<br>btor 1.                            |   |
|   | ■ No □ Yes.                                      | Fill in the de                               | etails.  |  |  |  |  |  |   |
|   |  |  |  | Debtor 1   |  |  | Debtor 2   |  |   |
|   |  |  |  | Sources of income Describe below.  | each   | s income from<br>source<br>e deductions and<br>sions)  | Sources of inco  |  | Gross income<br>(before deductions<br>and exclusions) |
| Do  | rt 3: List                                       | Camtain Da                                   |  | Made Before You Filed for I  | D = I  | 4  |  |  |   |
|   | ■ Yes.   | During the  No. Yes  * Subject               | 90 days before Go to line 7 List below 6 paid that crutor adjustmentor Debtor 2 co. 90 days before Go to line 7 List below 6 include pay | each creditor to whom you paid<br>editor. Do not include paymen<br>payments to an attorney for the<br>ton 4/01/19 and every 3 years<br>or both have primarily consulate<br>ore you filed for bankruptcy, did | d you pay d a total on the for don his bankris after the safter debited you pay d a total of | of \$6,425* or more mestic support obliquetcy case. at for cases filed on ts.  y any creditor a total of \$600 or more and | in one or more pay<br>gations, such as chi<br>or after the date of<br>al of \$600 or more? | ments and th ild support ar f adjustment.            | nd alimony. Also, do                                  |
|   | Creditor'  | s Name and                                   | d Address  | Dates of payme   | ent  | Total amount   | Amount you   | Was this p   | ayment for  |
| 7. Within 1 year before you filed for bankruptcy, did you make a pa Insiders include your relatives; any general partners; relatives of any of which you are an officer, director, person in control, or owner of 20 a business you operate as a sole proprietor. 11 U.S.C. § 101. Include alimony. |  |  |  | any gene<br>of 20% or  | eral partners; partner<br>more of their voting   | erships of which you<br>g securities; and an   | u are a gener<br>y managing a  | al partner; corporations<br>agent, including one for |   |
|   |  | Name and                                     | nents to an in<br>Address  | Dates of payme   | ent  | Total amount   | Amount you   | Reason for   | this payment  |

Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Document Page 31 of 42

Debtor 1 Lois D Lundquist Document Page 31 of 42 Case number (if known)

| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost                                  | <i>,</i> , , , , , , , , , , , , , , , , , , | ments or transfer a  | any property on a    | ccount of a d           | ebt that benefited an        |
|-----|--|--|----------------------|----------------------|-------------------------|------------------------------|
|     | ■ No   |  |                      |                      |                         |                              |
|     | ☐ Yes. List all payments to an insider   |  |                      |                      |                         |                              |
|     | Insider's Name and Address   | Dates of payment                             | Total amount paid    | Amount you still owe | Reason for Include cred | this payment<br>litor's name |
| Par | t 4: Identify Legal Actions, Repossession  | ns, and Foreclosures                         |                      |                      |                         |                              |
| _   | Within 1 year before you filed for benkrupt  | ov wore you a perty in an                    | v lowquit court co   | tion or administr    | otivo proces            | ling?                        |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. |  |                      |                      |                         |                              |
|     | ■ No □ Yes. Fill in the details.   |  |                      |                      |                         |                              |
|     | Case title Case number   | Nature of the case                           | Court or agency      |                      | Status of th            | ne case                      |
| 10. | Within 1 year before you filed for bankrupt<br>Check all that apply and fill in the details below                                  |  | erty repossessed, f  | oreclosed, garnis    | hed, attached           | d, seized, or levied?        |
|     | No. Go to line 11.   |  |                      |                      |                         |                              |
|     | Yes. Fill in the information below.  |  |                      |                      |                         |                              |
|     | Creditor Name and Address  | Describe the Property                        |                      | Date                 |                         | Value of the<br>property     |
|     |  | Explain what happened                        | ı                    |                      |                         |                              |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment becomes No  Yes. Fill in the details.             |  | luding a bank or fir | nancial institution  | , set off any a         | amounts from your            |
|     | Creditor Name and Address  | Describe the action the                      | creditor took        | Date                 | action was              | Amount                       |
|     |  |  |                      | taken                |                         |                              |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  |  | erty in the possess  | ion of an assigne    | e for the bene          | efit of creditors, a         |
|     | ☐ Yes  |  |                      |                      |                         |                              |
| Par | t 5: List Certain Gifts and Contributions  |  |                      |                      |                         |                              |
| 13. | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.  | otcy, did you give any gifts                 | s with a total value | of more than \$60    | 0 per person            | ?                            |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts                           |                      | Dates<br>the g       | s you gave<br>ifts      | Value                        |
|     | Person to Whom You Gave the Gift and Address:  |  |                      | 3                    |                         |                              |
| 14. | Within 2 years before you filed for bankrup  | otcy, did you give any gifts                 | s or contributions   | with a total value   | of more than            | \$600 to any charity?        |
|     | <ul><li>No</li><li>☐ Yes. Fill in the details for each gift or cor</li></ul>   | atribution                                   |                      |                      |                         |                              |
|     | Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)     |  | ı contributed        |                      | s you<br>ibuted         | Value                        |
| Dan |  |  |                      |                      |                         |                              |
| cl  | t 6: List Certain Losses   |  |                      |                      |                         |                              |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Page 32 of 42 Case number (if known) Document Debtor 1 Lois D Lundquist or gambling? Nο Yes. Fill in the details. Describe any insurance coverage for the loss Describe the property you lost and Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Law Office-Joseph Cardinal **Attorney Fees July 2017** \$1,200.00 3838 West 111th Street Suite 104 Chicago, IL 60655 joescard@aol.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Nο Yes. Fill in the details. **Person Who Received Transfer** Description and value of Date transfer was Describe any property or Address property transferred payments received or debts made paid in exchange Person's relationship to you Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

П

Name of trust

Yes. Fill in the details.

Description and value of the property transferred

beneficiary? (These are often called asset-protection devices.)

**Date Transfer was** 

made

Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Case 17-30429 Doc 1 Page 33 of 42
Case number (if known) Document

Debtor 1 Lois D Lundquist

| Pai | t 8: List of Certain Financial Accounts, Instr   | ruments Safe Denocit I   | Boyes and St               | orage Unit  | •  |   |
|-----|--|--|----------------------------|-------------|--|---|
|     | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No | were any financial acc   | ounts or instr             | uments he   | ld in your name, or for yo                           |   |
|     | ☐ Yes. Fill in the details.  |  |                            |             |  |   |
|     |  | ast 4 digits of account number                                   | Type of account instrument | unt or      | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?   | ar before you filed for b  | oankruptcy, ar             | ny safe dep | posit box or other deposit                           | tory for securities,                          |
|     | ■ No □ Yes. Fill in the details.   |  |                            |             |  |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acce<br>Address (Number, Str<br>State and ZIP Code) |                            | Describe    | the contents   | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or  | place other than your h  | nome within 1              | year befor  | re you filed for bankrupto                           | y?  |
|     | Yes. Fill in the details.  |  |                            |             |  |   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or hat to it? Address (Number, Strate and ZIP Code) |                            | Describe    | the contents   | Do you still have it?                         |
| Pai | t 9: Identify Property You Hold or Control fo  | r Someone Else   |                            |             |  |   |
| 23. | Do you hold or control any property that some for someone.   | eone else owns? Includ   | de any proper              | ty you bor  | rowed from, are storing fo                           | or, or hold in trust                          |
|     | ■ No □ Yes. Fill in the details.   |  |                            |             |  |   |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prope<br>(Number, Street, City, Sta<br>Code)        |                            | Describe    | the property   | Value   |
| Pai | t 10: Give Details About Environmental Inform  | mation   |                            |             |  |   |
| For | the purpose of Part 10, the following definition   | s apply:   |                            |             |  |   |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these si                              | air, land, soil, surface   | water, ground              |             |  |   |
|     | Site means any location, facility, or property a to own, operate, or utilize it, including disposa   | •  | nvironmental I             | aw, wheth   | er you now own, operate                              | , or utilize it or used                       |
|     | Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or   |  | s a hazardous              | waste, ha   | zardous substance, toxic                             | substance,                                    |
| Rep | ort all notices, releases, and proceedings that  | you know about, regar  | dless of when              | they occu   | ırred.   |   |
| 24. | Has any governmental unit notified you that yo   | ou may be liable or pot  | entially liable            | under or i  | n violation of an environn                           | nental law?                                   |
|     | ■ No □ Yes. Fill in the details.   |  |                            |             |  |   |
|     | Name of site   | Governmental unit  |                            | Enviro      | onmental law, if you                                 | Date of notice                                |

Address (Number, Street, City, State and

ZIP Code)

know it

Address (Number, Street, City, State and ZIP Code)

Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Document Page 34 of 42 Case number (if known)

| 25.           | Hav  | re you notified any governmental unit of   | f any release of hazardous material?  |        |                                   |                    |  |  |  |  |  |  |
|---------------|--|--|---|--------|-----------------------------------|--------------------|--|--|--|--|--|--|
|               |  | No<br>Yes. Fill in the details.  |   |        |                                   |                    |  |  |  |  |  |  |
|               |  | me of site dress (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and  |        | Environmental law, if you know it | Date of notice     |  |  |  |  |  |  |
|               |  |  | ZIP Code)   |        | aantal law Olmakuda aattlamaanta  |                    |  |  |  |  |  |  |
| 26.           | нач  | e you been a party in any judicial or ad   | ministrative proceeding under any envir   | ronn   | nental law? Include settlements   | and orders.        |  |  |  |  |  |  |
|               |  | No<br>Yes. Fill in the details.  |   |        |                                   |                    |  |  |  |  |  |  |
|               |  | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nat    | ure of the case                   | Status of the case |  |  |  |  |  |  |
| Par           | t 11:  | Give Details About Your Business or  | Connections to Any Business   |        |                                   |                    |  |  |  |  |  |  |
| 27.           | Wit  | hin 4 years before you filed for bankrup   | otcy, did you own a business or have an   | y of   | the following connections to an   | y business?        |  |  |  |  |  |  |
|               |  | Ithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time |   |        |                                   |                    |  |  |  |  |  |  |
|               |  | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |   |        |                                   |                    |  |  |  |  |  |  |
|               |  | ☐ A partner in a partnership   |   |        |                                   |                    |  |  |  |  |  |  |
|               |  | ☐ An officer, director, or managing executive of a corporation   |   |        |                                   |                    |  |  |  |  |  |  |
|               |  | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |   |        |                                   |                    |  |  |  |  |  |  |
|               |  | No. None of the above applies. Go to   |   |        |                                   |                    |  |  |  |  |  |  |
|               | _  |  | I in the details below for each business  |        |                                   |                    |  |  |  |  |  |  |
| -             |  | siness Name  | Describe the nature of the business   |        | Employer Identification number    | r                  |  |  |  |  |  |  |
|               | Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Dates business existed |  |   |        |                                   | number or ITIN.    |  |  |  |  |  |  |
| 28.           |  | hin 2 years before you filed for bankrup<br>itutions, creditors, or other parties.   | otcy, did you give a financial statement to   | o an   | yone about your business? Incl    | ude all financial  |  |  |  |  |  |  |
|               |  | No   |   |        |                                   |                    |  |  |  |  |  |  |
|               |  | Yes. Fill in the details below.  |   |        |                                   |                    |  |  |  |  |  |  |
|               |  | me<br>dress  | Date Issued   |        |                                   |                    |  |  |  |  |  |  |
|               |  | mber, Street, City, State and ZIP Code)  |   |        |                                   |                    |  |  |  |  |  |  |
| Par           | t 12:  | Sign Below   |   |        |                                   |                    |  |  |  |  |  |  |
| are t<br>with | rue<br>a ba  | and correct. I understand that making a  | nancial Affairs and any attachments, an<br>a false statement, concealing property, c<br>\$250,000, or imprisonment for up to 20 | or ok  | otaining money or property by fr  |                    |  |  |  |  |  |  |
|               |  | D Lundquist  | Signature of Dobton 2   |        |                                   |                    |  |  |  |  |  |  |
|               |  | Lundquist<br>re of Debtor 1  | Signature of Debtor 2   |        |                                   |                    |  |  |  |  |  |  |
| Dat           | e _  | August 31, 2017  | Date  |        |                                   |                    |  |  |  |  |  |  |
| Did :         | you  | attach additional pages to Your Statem   | ent of Financial Affairs for Individuals F  | Filing | for Bankruptcy (Official Form 1   | 07)?               |  |  |  |  |  |  |
| ■ N           |  |  |   |        |                                   |                    |  |  |  |  |  |  |
| ∃Y            | es   |  |   |        |                                   |                    |  |  |  |  |  |  |
| Did :<br>■ N  |  | pay or agree to pay someone who is no  | ot an attorney to help you fill out bankru  | ptcy   | forms?                            |                    |  |  |  |  |  |  |
|               |  |  | uptcy Petition Preparer's Notice, Declaration   |        |                                   |                    |  |  |  |  |  |  |
| Offici        | al Fo  | rm 107 Staten  | nent of Financial Affairs for Individuals Filing  | for E  | sankruptcy                        | page               |  |  |  |  |  |  |

Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Page 35 of 42 Case number (if known) Document

Debtor 1 Lois D Lundquist

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Document Page 40 of 42

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Northern District of Illinois**

| In re       | Lois D Lundquist   |  | Case No.  |                                    |  |  |
|-------------|--|--|---|------------------------------------|--|--|
|             |  | Debtor(s)  | Chapter   | 7                                  |  |  |
|             | DISCLOSURE OF COMPI  | ENSATION OF ATTO   | RNEY FOR DI   | EBTOR(S)                           |  |  |
| C           | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the file e rendered on behalf of the debtor(s) in contemplation  | ling of the petition in bankrupto  | y, or agreed to be paid   | to me, for services rendered or to |  |  |
|             | For legal services, I have agreed to accept  |  | \$  | 1,200.00                           |  |  |
|             | Prior to the filing of this statement I have received  | d  | \$  | 1,200.00                           |  |  |
|             | Balance Due  |  | \$  | 0.00                               |  |  |
| 2. T        | he source of the compensation paid to me was:  |  |   |                                    |  |  |
|             | ■ Debtor □ Other (specify):  |  |   |                                    |  |  |
| 3. T        | he source of compensation to be paid to me is:   |  |   |                                    |  |  |
|             | ■ Debtor □ Other (specify):  |  |   |                                    |  |  |
| 4. <b>I</b> | I have not agreed to share the above-disclosed com   | npensation with any other perso  | on unless they are mem  | bers and associates of my law firm |  |  |
| [           | I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n   |  |   |                                    |  |  |
| 5. I        | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |  |   |                                    |  |  |
| b<br>c      | Analysis of the debtor's financial situation, and rene<br>Preparation and filing of any petition, schedules, st.<br>Representation of the debtor at the meeting of credit<br>[Other provisions as needed]  Negotiations with secured creditors to<br>reaffirmation agreements and applicat<br>522(f)(2)(A) for avoidance of liens on h | atement of affairs and plan whi<br>itors and confirmation hearing,<br>reduce to market value; e<br>ions as needed; preparation | ch may be required;<br>and any adjourned hea<br>xemption planning | urings thereof;                    |  |  |
| 6. B        | y agreement with the debtor(s), the above-disclosed f<br>Representation of the debtors in any d<br>any other adversary proceeding.   |  |   | es, relief from stay actions or    |  |  |
|             |  | CERTIFICATION  |   |                                    |  |  |
|             | certify that the foregoing is a complete statement of a nkruptcy proceeding.   | any agreement or arrangement f   | or payment to me for r  | representation of the debtor(s) in |  |  |
| Αι          | igust 31, 2017   | /s/ Joseph J. Ca   |   |                                    |  |  |
| Do          | nte  | Joseph J. Cardi<br>Signature of Attor<br>Law Offices of<br>3838 West 111t<br>Suite 104<br>Chicago, IL 606                      | ney<br>Joseph Cardinal<br>h Street                                |                                    |  |  |

## Case 17-30429 Doc 1 Filed 10/11/17 Entered 10/11/17 10:37:41 Desc Main Document Page 41 of 42

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Lois D Lundquist  |   | Case No.  | Case No. |  |  |
|-------|---|---|-----------|----------|--|--|
|       |   | Debtor(s)   | Chapter 7 |          |  |  |
|       | VEF   | RIFICATION OF CREDITOR M.                                 | ATRIX     |          |  |  |
|       |   | Number of Creditors:6                                     |           |          |  |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |           |          |  |  |
| Date: | August 31, 2017   | /s/ Lois D Lundquist Lois D Lundquist Signature of Debtor |           |          |  |  |

Capital One Bank PO BOX 6492 Carol Stream, IL 60197-6492

Chase PO Box 1493 Charlotte, NC 28201-1423

Commerce PO Box 806000 Kansas City, MO 64180-6000

Discover PO Box 6103 Carol Stream, IL 60197-6103

First Midwest PO Box 2557 Omaha, NE 68103-2557

Walmart PO Box 530927 Atlanta, GA 30353-0927